

EXHIBIT F

Fill in this information to identify the case:

Debtor 1 Michael Bessette

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of New Jersey

Case number 19-13683

Official Form 410**Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>D1 Softball Clinic LLC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>Borough of Paramus</u>		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>D1 Softball Clinic LLC c/o Michael Goldstein</u> Name <u>20 Glenside Terrace</u> Number Street <u>Montclair NJ 07043</u> City State ZIP Code Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>D1 Softball Clinic LLC c/o Michael Goldstein</u> Name <u>20 Glenside Terrace</u> Number Street <u>Montclair NJ 07043</u> City State ZIP Code Contact phone _____ Contact email _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>Borough of Paramus</u>		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0</u> <u>0</u> <u>0</u> <u>7</u>
7. How much is the claim?	\$ <u>17,100.00</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Municipal property taxes past due to the Borough of Paramus</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input checked="" type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: <u>Statutory; N.J.Stat.Ann 54:5-6; 54:5-9</u> Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ <u>17,100.00</u> Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ <u>17,100.00</u> Annual Interest Rate (when case was filed) <u>0.00</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <u>17,100.00</u>
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☒ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/13/2021
MM / DD / YYYY

/s/ Javier L. Merino

Signature

Print the name of the person who is completing and signing this claim:

Name Javier Luis Merino

First name

Middle name

Last name

Title Partner

Company The Dann Law Firm, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1520 U.S. Highway 130, Suite 101

Number

Street

North Brunswick

City

NJ

State

08902

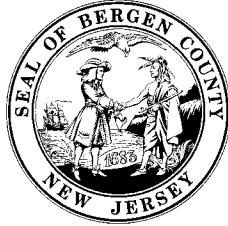
ZIP Code

Contact phone 201-355-3440

Email jmerino@dannlaw.com

John S. Hogan
Bergen County Clerk

Bergen County Clerk
One Bergen County Plaza
Hackensack, NJ 07601
(201) 336-7000
www.bergenclerk.org/



INSTRUMENT # 19-002801.01

V 03153 0291

RECORDED DATE: 01/10/2019 03:55:55 PM

Document Type: Tax Sale Certificate

Transaction #: 9198878

Document Page Count: 3

Operator Id: CLERK

RETURN TO:

D1 SOFTBALL CLINIC LLC
20 GLENSIDE TERRACE
MONTVALE NJ 07043

SUBMITTED BY:

PRIMARY NAME

DEBRA BESSETTE

SECONDARY NAME

D1 SOFTBALL

ADDITIONAL PRIMARY NAMES

ADDITIONAL SECONDARY NAMES

D1SOFTBALL

MARGINAL REFERENCES:

DOCUMENT DATE: 12/07/2018

MUNICIPALITY: PARAMUS

LOT: 4

BLOCK: 5818

GRANTEE ADDRESS: NA
NJ

FEES / TAXES:

Recording Fee: Tax Sale Certificate	\$30.00
Additional Pages Fee	\$20.00
Homeless Trust Fund - Bergen County	\$3.00

Total: \$53.00

INSTRUMENT #: 19-002801.01

Recorded Date: 01/10/2019 03:55:55 PM

I hereby CERTIFY that this document is recorded
in the Clerk's Office in Bergen County, New
Jersey.



John S. Hogan
John S. Hogan
Bergen County Clerk

Recording Fees: \$53.00

Realty Transfer Tax Fees: \$0.00

OFFICIAL RECORDING COVER PAGE

Page 1 of 4

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS LEGAL DOCUMENT

NOTE: If document data differs from cover sheet, document data always supersedes.

***COVER PAGE DOES NOT INCLUDE ALL DATA, PLEASE SEE INDEX AND DOCUMENT FOR ANY ADDITIONAL INFORMATION.**

5 98
3/53

Bergen County Recording Data Page
Honorable John S. Hogan
Bergen County Clerk



Official Use Only - Barcode



19-002801.01 Tax Sale Certificate
V Bk: 03153 Pg: 0291-0294 Rec. Fee \$53.00
John S. Hogan, Bergen County Clerk
Recorded 01/10/2019 03:55:55 PM

Official Use Only - Realty Transfer Fee

Date of Document:

12/7/2018

Type of Document:

certificate of sale

First Party Name:

DI softball clinic

Second Party Name:

Mike Goldstein

Additional Parties:

THE FOLLOWING SECTION IS REQUIRED FOR DEEDS ONLY

Block:

Lot:

Municipality:

Consideration:

/

Mailing Address of Grantee:

THE FOLLOWING SECTION IS FOR ORIGINAL MORTGAGE BOOKING & PAGE INFORMATION FOR ASSIGNMENTS, RELEASES, SATISFACTIONS, DISCHARGES & OTHER ORIGINAL MORTGAGE AGREEMENTS ONLY

Original Book:

Original Page:

CERTIFICATE OF SALE

FOR UNPAID MUNICIPAL LIENS

CERTIFICATE

No. 17-00007

I, **SHERYL A. BIONDI**, COLLECTOR OF TAXES of the taxing district of the
BOROUGH of **PARAMUS** in
the COUNTY of **BERGEN** and State of New Jersey, do hereby certify that on
the **7th** day of **December**, **2018** at a public sale of lands for
delinquent municipal liens, pursuant to the Revised Statutes of New Jersey, 1937, Title 54, Chapter 5, and the amendments and supplements
thereto I sold to **DISOFTBALL**

whose address is **20 GLENSIDE TERRACE, MONTCLAIR, NJ 07043**

for **Six Thousand Four Hundred Two** dollars and **forty Four** cents, the land
in said taxing district described as Block No. **5818** Lot No. **4**,
and known as **416 CEDAR ST**, on the tax
duplicate thereof and assessed thereon to **BESSETTE, DEBRA**.

THE AMOUNT OF THE SALE WAS MADE UP OF THE FOLLOWING ITEMS:

	AMOUNT	INTEREST	TOTAL
Taxes For: 2017			
	5,167.68	1,084.76	6,252.44
Assessments For Improvements			
Total Cost of Sale	150.00		150.00
Total			6,402.44
Premium (if any) Paid	17,100.00		


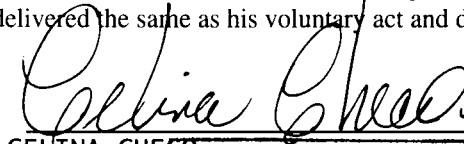
Said sale is subject to redemption on repayment of the amount of sale, together with interest at the rate of
0.00 per centum per annum from the date of sale, and the costs incurred by the purchaser as defined by
statute. The sale is subject to municipal charges accruing after **December 31 2017**;
municipal authority charges accruing after **December 31 2017** and assessment
installments not yet due, amounting to **0.00** dollars and interest thereon.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this **10th** day of **December**, **2018**.

STATE OF NEW JERSEY
COUNTY OF: **BERGEN**


SHERYL A. BIONDI, COLLECTOR OF TAXES

BE IT REMEMBERED, that on this **10th** day of **December**, **2018** before me a
Notary Public of New Jersey, personally appeared **SHERYL A. BIONDI**,
the Collector of Taxes of the taxing district of **BOROUGH OF PARAMUS** in the County of **BERGEN**,
who, I am satisfied, is the individual described herein, and who executed the above Certificate of Sale; and I having made known to him the
contents thereof, he thereupon acknowledged to me that he signed, sealed and delivered the same as his voluntary act and deed, for the uses and
purposes therein expressed.

Prepared By: 
SHERYL A. BIONDI, PREPARER 
CELINA CHECO, NOTARY PUBLIC

NOTE: NJSA 46:15-3 requires that all signatures appearing on the certificate, those of the collector of taxes and the preparer, who takes this
acknowledgment, and the preparer shall be printed, typed or stamped underneath such signature the name of the person that signed.

AUTHORIZATION FOR CANCELLATION OF RECORD BY MUNICIPALITY

The within certificate has been duly paid and satisfied and the County Recording Officer is hereby authorized to cancel the same of record. _____

Name of Municipality

BY: _____
Mayor

ATTEST: _____
Municipal Clerk

(NJSA 46:18-6 & 54: 5-55)

Seal of Municipality to be affixed

RTB

No. 17-00067

Tax Sale Certificate

Sheryl A. Bianchi
Collector of Taxes

Municipality of Borough of Passaic
Bergen County, New Jersey

To Disposal Ball
20 Glenview Terr
Montclair NJ 07043-2529

Entered _____ Compared _____ Checked _____

Received in the Register Office of the County of _____

_____ New Jersey

on the _____ day of _____

A.D. 20 _____, at _____ o'clock in the _____ noon and _____

Recorded in Book _____ for said _____

County on Pages _____

AUTHORIZATION FOR CANCELLATION OF RECORD BY A PRIVATE CORPORATION

The within certificate has been fully paid and satisfied and the County Recording Officer is hereby authorized to cancel the same of record. _____

Name of Corporation

BY: _____
President

ATTEST: _____
Secretary

Corporate Seal to be affixed

AUTHORIZATION FOR CANCELLATION OF RECORD BY AN INDIVIDUAL

The within certificate has been fully paid and satisfied and the County Recording Officer is hereby authorized to cancel the same of record.

The above signature is certified to as genuine.

A Notary Public of New Jersey

Signature of Holder of Certificate